



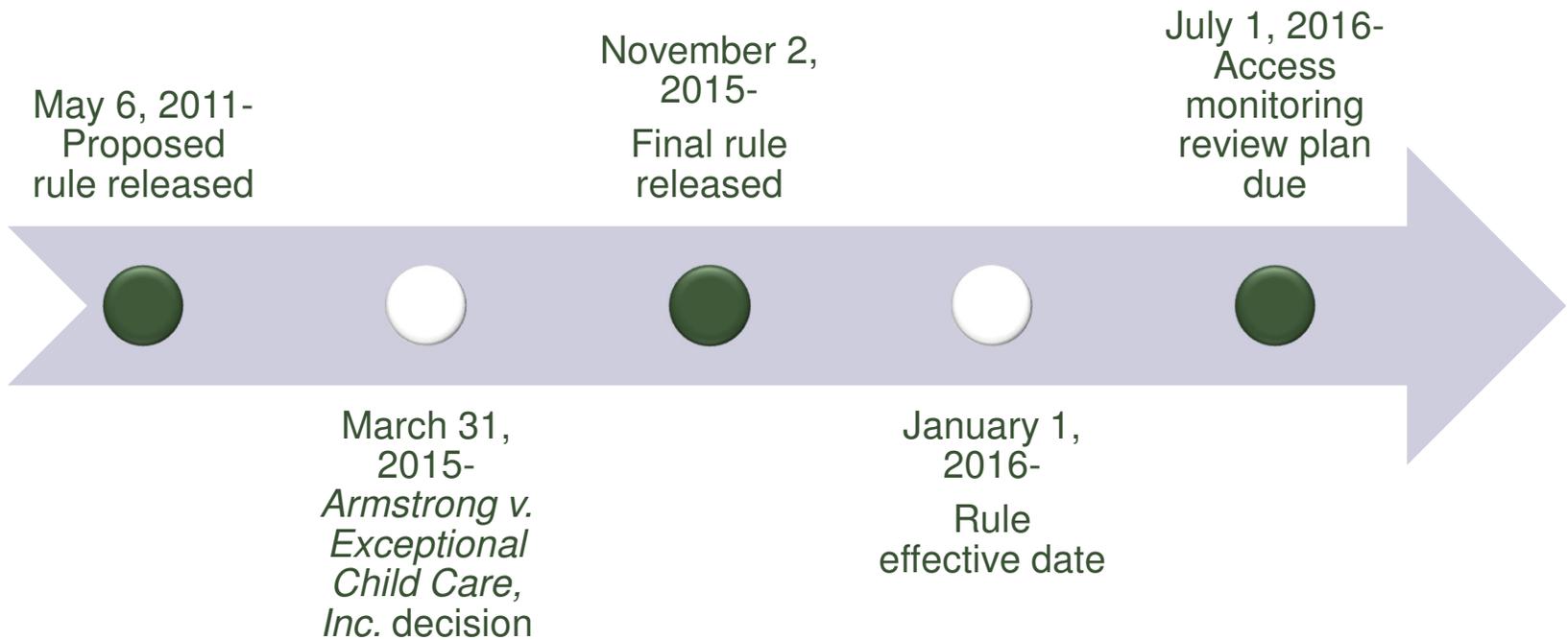
Medicaid Access Rule
*Methods for Assuring Access to
Covered Medicaid Services*

CMS 2328-F

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Rule Timeline





Rule Overview

- Applies to fee-for-service populations only
- Does not apply to:
 - 1115 demonstration waivers
 - Home and community-based services waivers
- Three main provisions
 1. Demonstrate access
 2. Public process for reduction or restructure of Medicaid payment rates
 3. Public notice of rate changes



Demonstration of Access to Care

- Access Monitoring Review Plan
 - Enrollee needs
 - Availability of care and providers
 - Utilization of services
 - Data sources, methodologies, trends, etc.
- Developed in conjunction with medical care advisory committee
- Public comment and review period



Demonstration of Access to Care

- Member and provider input
- Analysis of Medicaid payment rates to other public and private insurers by geographic region
- Periodically monitor access for at least 3 years after the implementation of rate reduction or restructure



Access Plan Timeline

- Initial plan due July 1, 2016
- Updated at least every 3 years
- Review of required service categories
 - Primary care (physician, FQHC, clinic, dental)
 - Physician specialist services
 - Behavioral health
 - Obstetric care
 - Home health
 - Services when a rate reduction or payment restructure is planned
 - Additional services based on access complaints



Rate Reduction or Restructure

- Access review within prior 12 months of state plan amendment submission
- Establish ongoing monitoring procedures
 - Public review
 - Conducted annually
- Ongoing member input
 - Maintain record of input and state response
 - Available to CMS upon request



Remediation of Access Concerns

- Modifying payment rates
- Reducing barriers to provider enrollment
- Additional transportation to services
- Improved care coordination
- Changing provider licensing or scope of practice policies



Provider Participation and Public Process

- Data collection including member and provider input
- If state fails to provide supporting documentation:
 - SPA denial
 - CMS corrective action, can include payment withhold



Public Notice for Rate Changes

- Public notice on website
- “Regular and known” provider bulletin updates
- Maintained on state’s website no less than 3 years



Next Steps

- Working with data management to structure data collection
- Work with MMAC on data analysis
- Leverage current processes for ongoing input
 - MAC
 - HPE call center
 - Provider bulletins and banners
 - IQ process
 - Member and provider surveys
 - OMPpproviderrelations@fssa.in.gov



Questions?

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